

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

10135

201

Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore
City or town Betterton md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
City or town Betterton md
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Emma C Beauchamp

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife James Wesley Beauchamp

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept-26 1855

8. AGE: Years 92 Months 7 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline Co md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home

12. Name Alexander Smith

13. Birthplace Maryland

14. Maiden name Elizabeth Coshman

15. Birthplace Maryland

16. Informant Mrs Howard Adams

Address Betterton md

17. Burial Date thereof Nov 29 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillsboro

Location Hillsboro Maryland

18. Funeral director B B Hollows

Address Still Pond md

19. Nov 29 47 J Helser
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1947, at 2 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 20 1947, to Nov 26 1947, and that I last saw him alive on Nov 26 1947.

Immediate cause of death Coronary thrombosis DURATION

Due to Advanced arteriosclerosis

Due to Senility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James Edwin Dedman M.D.

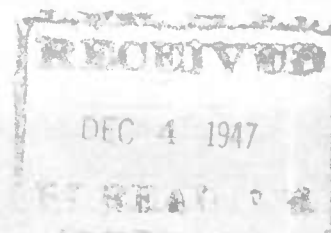
Address Betterton, Md M. D. or other _____

Date signed Nov 28-1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
Piney Neck
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Piney Neck
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles Wesley Crouch

3. (b) Social Security Number

4. Sex m. 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Margaret G. Crouch
 7. Birth date of deceased (mo., day, yr.) Oct 24 1864
 6. (c) If alive, give age 72 years
 8. AGE: Years 83 Months - Days 12 If less than one day
hrs. min.

9. Birthplace Rock Hall, Md.
 (Town, county, and state)
 10. Usual occupation Merchant
 11. Industry or business General Store
 12. Name Thomas Crouch
 13. Birthplace Rock Hall, Md.
 14. Maiden name Jane Coleman
 15. Birthplace Rock Hall, Md.

16. Informant Charles Crouch Jr.
 Address Rock Hall, Md.
 17. Burial Date thereof Nov 9, 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Centerville
 Location Centerville Md.

18. Funeral director Edgar L. Lane
 Address Church Hill Md.
 19. Nov 7, 1947 S. Elwood Bragun
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1947 at 10:00 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 24 1947 to Nov 5 1947
 and that I last saw him alive on 11-5 1947

Immediate cause of death chron. Endo. Myocarditis
Coronary atherosclerosis
 Due to chron Bronchitis
 Due to Arthritis
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE Albert C. Burgard M. D. or other
Rock Hall, Md. Date signed 11/5/47
 Address

STANDARD INTERNATIONAL POSTAL SERVICE

STANDARD INTERNATIONAL POSTAL SERVICE

STANDARD INTERNATIONAL POSTAL SERVICE

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STANDARD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

830

10137

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent
 City or town Kennedyville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Kennedyville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Clara Belle Pies Glenn

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife (late) George M. Glenn
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 4 1873
 8. AGE: Years 74 Months 10 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co., Maryland
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business house

12. Name John Pies Van Slyke

13. Birthplace Acil Co., Maryland

14. Maiden name Achsa V. Van Slyke

15. Birthplace Acil Co., Maryland

16. Informant Mrs. Achsa V. Van Slyke

Address Kennedyville, Maryland

17. Burial Date thereof Nov. 22, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chertown

Location Chertown, Maryland

18. Funeral director Marion V. Williams

Address Chertown, Maryland
 19. 11-22 19 47 J. McLaughlin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 19 47 at 12:15 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 4 19 47 to Nov 19 19 47

and that I last saw her alive on Nov 19 19 47

Immediate cause of death Cerebral thrombosis DURATION 5 weeks
and emphysema

Due to _____

Due to _____

Other conditions Branch pneumonia 4 days
Gen. arterio sclerosis years
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Theresa J. Papasoli MD M. D. or other

Address Galema Md Date signed 11-20-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 518
 10138203
 Reg. Dist. No.

1. PLACE OF DEATH: County..... <u>Kent</u> City or town..... <u>Rock Hall Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>life</u> Hospital, institution, or street address where death occurred: <u>Days Run</u> How long in hospital or institution?..... <u>—</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Kent</u> City or town..... <u>Rock Hall Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Days Run</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>William Yilton Goodman</u>				3. (b) Social Security Number			
4. Sex <u>m.</u>		5. Color or race <u>Wh.</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Mary Goodman</u>				6. (c) If alive, give age <u>75</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Oct 28 1868</u>				8. AGE: Years <u>79</u> Months <u>1</u> Days <u>1</u> If less than one day _____ hrs. _____ min.			
9. Birthplace <u>Rock Hall, Md.</u> (Town, county, and state)							
10. Usual occupation <u>retiree</u>							
11. Industry or business <u>self.</u>							
FATHER	12. Name <u>John Goodman</u>						
	13. Birthplace <u>Rock Hall, Md.</u>						
MOTHER	14. Maiden name <u>Rebecca Glenn</u>						
	15. Birthplace <u>Rock Hall, Md.</u>						
16. Informant <u>Mr. John Goodman</u> Address <u>Rock Hall, Md.</u>							
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>Dec. 2, 1947</u> (month) (day) (year) Cemetery or crematory <u>Wesley Chapel</u> Location <u>Rock Hall, Kent Co., Maryland</u>							
18. Funeral director <u>William V. Williams</u> Address <u>Chesapeake, Maryland</u>							
19. (Date rec'd by registrar) <u>Dec 1 1947</u> <u>S. Elwood Bingers</u> Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>November 29</u> 19 <u>47</u> at <u>10:50</u> A.M.							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Nov 13</u> 19 <u>47</u> , to <u>Nov 29</u> 19 <u>47</u> and that I last saw him alive on <u>11-28</u> 19 <u>47</u> Immediate cause of death..... <u>chronic pulm. hyperostosis</u> <u>secondary to</u> <u>ca of prostate and</u> <u>beard</u> Due to..... <u>ca of skin (neck)</u> Other conditions..... (Include pregnancy within 3 months of death)							
Major findings of operations Date of op.							
Antopsy results PHYSICIAN: Please underlie the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
23. SIGNATURE <u>Albert G. Burgard</u> M. D. or other Address..... <u>Rock Hall, Md.</u> Date signed..... <u>11/29/47</u>							

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92d 10139 203
Reg. Dist. No.

1. PLACE OF DEATH:

County Kent
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 61 years
Hospital, institution, or street address where death occurred: Gratitude Rd.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No. Gratitude Rd.
(If rural, give LOCATION)
2. (a) If veteran, name war —

3. (a) FULL NAME

Wilhelm Bernhard Heinzel

3. (b) Social Security Number

218-14-4345

4. Sex m. 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Lena Heinzel7. Birth date of deceased (mo., day, yr.) Jan 11 1874

8. AGE: Years 73 Months 9 Days 25 It less than one day — hrs. — min.

9. Birthplace Oldenburg, Germany
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business own12. Name Henry Heinzel13. Birthplace Germany14. Maiden name Anna Heinzel15. Birthplace Germany16. Informant Anton HeinzelAddress Rock Hall, Md.17. Burial Date thereof Jan 6 - 47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Gratitude ChapelLocation Rock Hall18. Funeral director Edgar L. LaneAddress Clark Hill Rd19. 11/7 19 47 Silwood Burgers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 19 47 at 1230 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 19 47 to Nov 5 19 47
and that I last saw him alive on 11-4 19 47

Immediate cause of death Coronary occlusion
hypertension
arteriosclerosis
Due to Valvular heart disease
Other conditions —
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Albert A. Burgard M. D. or other —
Rock Hall, Md. Date signed 11-5-47
Address —

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10144

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
322 Cannon St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 322 Cannon St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William H. Sanding

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Caucas

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

January 23, 1876

8. AGE:

Years

Months

Days

If less than one day

71910

hrs.

min.

9. Birthplace

Chesapeake Kent Co. Maryland
(Town, county, and state)

10. Usual occupation

Caretaker

11. Industry or business

Cemetery

FATHER

12. Name

Perry H. Sanding

13. Birthplace

Kent Co. Maryland

MOTHER

14. Maiden name

Hennetta Wright

15. Birthplace

Kent Co. Maryland

16. Informant

Mrs. Hennetta Sanding (Daughter)

Address

322 Cannon St. Chesapeake Md.

17.

Burial
(Burial, cremation, or removal. Which?)Nov. 4, 1947
(month) (day) (year)

Cemetery or crematory

Chesapeake

Location

Chesapeake Maryland

18. Funeral director

Wm. V. Williams

Address

Chesapeake Maryland

19.

Nov. 4, 1947
(Date rec'd by registrar)1947Clara S. Barnes
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3, 1947 at 12:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 29, 1947 to Nov. 1, 1947and that I last saw him alive on Nov. 1, 1947Immediate cause of death Cerebrovascularaccident

DURATION

Due to atherosclerosis

Due to

Other conditions cellulitis of thigh, arteriosclerosisheart disease; anemia;
(Include pregnancy within 3 months of death)Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

A.R. Coppola, M.D.

M. D. or other

Address Chester town Md. Date signed 11-3-47

RECEIVED
NOV 6 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County... Kent
 City or town... Cheslerown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11/27/47 to 11/29/47
 Hospital, institution, or street address where death occurred:
Kent Co. Hospital, Chestertown
 How long to hospital or institution? 11/27 to 11/29/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent
 City or town... Betterton Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Elizabeth G Newsome

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Clarence Newsome
 7. Birth date of deceased (mo., day, yr.) August 10, 1871 8. (c) If alive, give age years
 8. AGE: Years 76 Months 3 Days 19 If less than one day hrs. min.

9. Birthplace Washington, D. C.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Patrick P. Gallagher
 13. Birthplace Ireland
 MOTHER 14. Maiden name Bigel Goodwin
 15. Birthplace Ireland

16. Informant Clarence Newsome
 Address Betterton Md

17. Burial Date thereof Dec 2, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Betterton
 Location Cheslerown Md

18. Funeral director B. R. Melows
 Address Still Road Md

19. Dec. 1, 1947 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1947 at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 28, 1947 to November 29, 1947
 and that I last saw him alive on November 29, 1947

Immediate cause of death Peritonitis DURATION 18 hours

Due to Intestinal obstruction 48 hours

Due to Generalized carcinomatosis
probably of ovarian origin
 Other conditions

(Include pregnancy within 8 months of death)

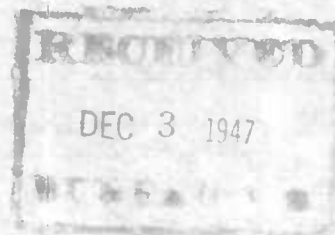
Major findings of operations Intestinal obstruction;
Generalized carcinomatosis Date of op. 11-28-47

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. C. Sick, M.D.
 Address Chestertown, Md Date signed 11-29-47

CERTIFICATE OF DEATH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101201

1. PLACE OF DEATH:

County Kent
 City or town Kennedysville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Kennedysville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Kennedysville Md
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Marcellus Nickerson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Ida Nickerson
 7. Birth date of deceased (mo., day, yr.) Aug 8 1866 8.(c) If alive, give age _____ years
 8. AGE: Years 81 Months 1 Days 27 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1947, at 9 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1947, to Nov 4 1947, and that I last saw him alive on Nov 4 1947.
 Immediate cause of death Cerebral hemorrhage
 Due to Arterio sclerosis
 Due to Age
 Other conditions _____
 (Include pregnancy within 3 months of death)

DURATION

9. Birthplace Deen Anns Co. Md
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business Farm
 12. Name John Nickerson
 13. Birthplace Deen Anns Co. Md.
 14. Maiden name McGinnis
 15. Birthplace Deen Anns Co. Md
 16. Informant Arthur Pinder
 Address Kennedysville
Burial Date of Nov. 7, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Crumpton
 Location Crumpton Md
 18. Funeral director B. R. Williams
 Address Still Pond Md.
 19. Nov 6 1947 J. H. Schick
 (Date rec'd by registrar) Registrar

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE H. G. Schick M. D. or other _____
 Address Chesapeake Date signed 11-6-47

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DEC 4 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chesutown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
211 Front St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chesutown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 211 Front St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Hallie Westcott Rogers

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife R. Hyman Rogers
 7. Birth date of deceased (mo., day, yr.) March 29, 1881 8. (c) If alive, give age 67 years
 8. AGE: Years 66 Months 7 Days 16 If less than one day
 9. Birthplace Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business home

12. Name Michael G. Westcott
 13. Birthplace Kent Co. Maryland
 14. Maiden name Polly Wickes
 15. Birthplace Kent Co. Maryland
 16. Informant R. Hyman Rogers
 Address Chesutown, Maryland
 17. Burial Date thereof Nov. 16, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Chesutown
 Location Chesutown, Maryland
 18. Funeral director Marion V. Williams
 Address Chesutown, Md.

19. Nov. 16, 1947 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1947 at 5:00 A.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1947 to Nov. 14, 1947
 and that I last saw her alive on Nov. 14, 1947
 Immediate cause of death Coronary thrombosis
 Due to key accidents
 Due to Arterio Sclerosis
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None
 Date of op.
 Autopsy results NO
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide NO Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Frank Jones M.D.
 Address Chesutown, Md. Date signed Nov 15/47
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10143

Reg. Dist. No. 2.02

1. PLACE OF DEATH:

County... Kent
City or town... Worton P.D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 year
Hospital, institution, or street address where death occurred:
Chum Creek Farms
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Kent
City or town... Worton P.D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Chum Creek Farms
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Walter Scott Royer

3. (b) Social Security Number

—

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mrs. ^{approx} Pate Royer
7. Birth date of deceased (mo., day, yr.) February 8, 1869
8. AGE: Years 78 Months 9 Days 11 If less than one day
6.(c) If alive, give age 75 years
hrs. min.

9. Birthplace... Carey, Ohio
(Town, county, and state)
10. Usual occupation... retired

11. Industry or business

12. Name John Royer
13. Birthplace Penn.
14. Maiden name... Emma Brubaker
15. Birthplace Waynesboro Pa.

16. Informant Mrs. Margaret Pate Royer
Address Worton P.D. #1 Maryland

17. Burial Date thereof... Nov. 21, 1947
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Chum Creek to Bethesda, Md.
Location Bethesda, Md. Maryland Wash. D.C.

18. Funeral director Morris V. Williams
Address Chesapeake Maryland

19. Nov. 21, 1947 Clara L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 19 19 47 at 10:30 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
11-15 19 47 to 11-19 19 47
and that I last saw him alive on 11-18 19 47

Immediate cause of death Coronary artery disease DURATION 2 years

Due to.....
Due to.....

Other conditions Possible gastric ulcer 2 mos.
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)

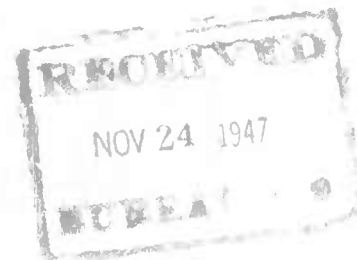
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A.C. Eick, M.D. M. D. or other
Address Chesapeake, Md. Date signed 11-20-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10145

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent
 City or town Still Pond, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Still Pond and Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Dutchtown
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ewendolyn Theresia Simmons

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of
deceased (mo., day, yr.)

May 24 1947

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

057

hrs.

min.

9. Birthplace Dutchtown, Kent Co., Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

47

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 5th 1947, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5 1947 to 1947

and that I last saw her Nov 5th alive on 1947

Immediate cause of death

Bronchial Pneumonia DURATION 1 day

Due to _____

Due to _____

Other conditions

marasmus

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

L. P. Atwell
 M. D. or other
Still Pond Date signed 11-6-47

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DEC 4 1947
STEELE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

10146

932

1. PLACE OF DEATH:

County Mont CoCity or town Willington Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrsHospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Mont CoCity or town Willington
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Dora S. Smith7. Birth date of deceased (mo., day, yr.) Sept 16, 18698. AGE: Years 78 Months 1 Days 28 If less than one day — hrs. — min. 78 years9. Birthplace Pa
(Town, county and state)10. Usual occupation Ret Farmer11. Industry or business —12. Name John13. Birthplace Wm14. Maiden name Wm15. Birthplace Wm16. Informant Wm Dora S. SmithAddress Willington Md17. Burial (Burial, cremation, or removal. Which?) Burial Date interred Nov 15 - 1947
(month) (day) (year)Cemetery or crematory Mc Shivers Co.Location near Campston Md18. Funeral director Edgar L. LaneAddress Church Hill Md19. Nov. 14 1947 Edward Bellows
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1947 at 5 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1947 to Nov 12 1947and that I last saw him alive on Nov 10 1947

Immediate cause of death

Coronary occlusion

Due to

Relief Sclerosis

Due to

Chronic Myocarditis

Other conditions

DURATION

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 11/13/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 18 1947
DEPT. OF STATE